Form **8871** (July 2000)

Political Organization Notice of Section 527 Status

Department of the Treasur

OMB No. 1545-1693

Name of organization			Employer identification number
Mailing address (D.O. Boy or a	number, street, and room or suit	CT AARON REARDON	APPLIE FR 9
531 WETMONE	number, street, and room or suit	te number)	·
City or town, state, and ZIP co	ode .		
EVERETT, WA			
E-mail address of organization	l		
a Name of custodian of records		Custodian's address	
laron Reardon		531 WETMORG AVE	
		EIERETT, WA 98201	
Name of contact person		ontact person's address	
$\mu = \mu$		11 /1	
Business address of organizati	on (if different from mailing add	ress shown above). Number, street, and	d room or suite number
City or town, state, and ZIP co	ode		
t II Purpose			
Describe the purpose of the or	ganization		
YOUTILAL OL	GANIZATION-	TEMPOLARY STATE	- 1 = C.C. Ature
CAMPALGN			
	T Futities (see instruction		
	d Entities (see instruction 8b Relationship		
t III List of All Related		ıs)	
t III List of All Related Name of related entity		is) 8c Address	
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Name of related entity RECEIVED		is) 8c Address	
t III List of All Related Name of related entity		is) 8c Address	
List of All Related Name of related entity N] A		is) 8c Address	

art IV List of All Officer a Name	9b Title	lly Compensated Employees (see instructions) 9c Address
i Name	50 Tide	ac Address
NIA		
Under penalties of perjury	r, I declare that the organization r	named in Part I is to be treated as an organization described in section 527 of ding accompanying schedules and statements, and to the best of my knowledg

Sign Here

Signature of authorized official

7/31/0